

Computer Account Registration Form

☐ Add Account OR ☐ Delete Account

All computer users must complete this form whenever a change in multi-user system access is necessary. This form provides access authorization to multi-user systems, access groups, proprietary applications, and restricted subdirectories. Complete the form, obtain the required authorization signature(s), and forward the form to Network Management. You will be notified when the form has been processed and changes made. This form may be faxed to Network Management at (970) 248-6755. If you have any questions, call the Help Desk at (970) 248-6123.

Preferred Name _____ Phone Number _____

(Supply the name you wish to appear in the e-mail directory. If your name is Christina Smith, but you use Chris, enter Chris Smith; or if your name is William Smith but you go by Bill, enter Bill Smith.)

Fax Number _____

☐ DOE / Division _____ OR ☐ Contractor / Company _____

Site Name or Location _____

Address _____

Current Email Address _____

☐ Local Area Network (LAN)

Authorizing Signature

Print Name of Authorizing Signature

☐ Email Account @gjo.doe.gov

Authorizing Signature

Print Name of Authorizing Signature

☐ Remote Access (Citrix User)

Authorizing Signature

Print Name of Authorizing Signature

☐ LM Portal Access

Authorizing Signature

Print Name of Authorizing Signature

☐ LM Intranet (DOE only)

☐ Transition Sites _____

☐ Hummingbird Access

Authorizing Signature

Print Name of Authorizing Signature

☐ Additional Access Information

Authorizing Signature

Print Name of Authorizing Signature

For _____
(print) Full Name (print) UserID (print) Context

Description (system, group, application, or directory)

Completed

☐ _____
☐ _____
☐ _____
☐ _____
☐ _____
☐ _____

For Internal Use Only

Computer Security Awareness Acknowledgement

I, the user, understand that the computer hardware, software and Internet access used in relation to this form is government property and may only be used to conduct government business. In using these computing resources, I understand that I have no expectation of privacy (implied or otherwise) and the use of Government computer resources is subject to monitoring and review.

I understand that it is my responsibility to know what applications are processed on the hardware assigned to me. I must know where the data is stored, and I must protect the data and software commensurately with its value to the business. It is my responsibility to comply with all policies and procedures to safeguard the data from unauthorized access or disclosure. I understand that copyright law may protect software. I agree not to install software on any computer system other than the system for which it is issued, not to duplicate software, and not to resell software. I understand that failure to comply with copyright laws is a criminal offense; that failure to adhere to company policies and procedures may result in disciplinary action, up to and including termination of my employment, and any unauthorized use of computing resources is subject to criminal and civil penalties.

User (signature)

Date

*Fax completed form to (970) 248-6755

☐ Help Desk Received _____

☐ User Contacted _____